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Bib Data Sheet

**CONFIRMATION NO. 3603**

|                             |                                   |              |                        |                               |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/757,271 | FILING DATE<br>01/15/2004<br>RULE | CLASS<br>005 | GROUP ART UNIT<br>3673 | ATTORNEY DOCKET NO.<br>011204 |
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 07/06/2004**

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---------------------------------|--|------------------|--------|--------------|--------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | MO               | 5      | 20           | 2                  |
| Verified and Acknowledged       | Examiner's Signature Initials  |                  |        |              |                    |

**ADDRESS**

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**TITLE**

Adjustable support device

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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